

California MEDICAL ASSOCIATION

NOTICES & REPORTS

Like age itself, the medical and social problems raised by the great proportional increase of aged persons in the general population have come upon us with dismaying suddenness. The medical profession has an interest, a duty and a stake, professional and civic, in the best solution of these problems.

Since what the medical profession thinks now and says now and does now must have importance for a long time to come, we publish here in full a report of a study made by a special committee of the California Medical Association. The report was approved by the Council and the House of Delegates of the Association in February, 1959.—Editor.

Care of the Aging

Report of the Special Committee on Aging to the Council of the California Medical Association, February 21, 1959, San Francisco

COMMITTEE ORGANIZATION AND FUNCTION

At the January 11, 1959 meeting of the Council, the following resolution was adopted:

"Resolved: That a committee of not more than five members of the Council be appointed for the purpose of: (1) Conferring with interested insurance companies, (2) Conferring with appropriate committees of the C.M.A. and administrative staff, (3) Conferring with hospital associations and other ancillary professional organizations, in order to propose to the House of Delegates a positive program on the part of the C.M.A. for development of an over 65 age group program to meet the proven needs for medical and hospital care of the aged populations;

"This committee to report to the next Council meeting."

The following committee was appointed to consider and to implement this resolution: Ralph Teall, Gerald Shaw, Samuel Sherman, James MacLaggan, and T. Eric Reynolds, chairman.

The committee had as consultants the following: The Executive Committee of the Commission on Medical Services, composed of Francis J. Cox, chairman of the Commission on Medical Services; H. Dean Hoskins, chairman of the Committee on

Fees; Henry Gibbons, secretary of the Medical Services Commission; Thomas Elmendorf, chairman of the Committee on Indigent and Aged; John Morrison, chairman of the C.P.S. Study Committee; John Rumsey, chairman of the Committee on Government Financed Medical Care; Malcolm Watts, chairman of the Committee on Public Relations, and Mr. Geoffrey Heller of California Physicians' Service.

The committee held three meetings, during which discussions were held with: (1) Dr. Otis Whitecotton, director of the Alameda County Hospital; (2) Dr. Richard Johnson, member of the Citizens Advisory Committee on Aging; (3) Mr. William

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Siegel of the Association of California Boards of Supervisors; (4) Mr. M. J. Nietschmann, manager of the Accident and Health Department of the Continental Casualty Company.

FINDINGS

Studies of the medical care needs of those 65 and over have been conducted by the C.M.A. through its committees and by others throughout the years.

A summary of California's aging population¹ states as follows:

As might be expected, the aged are less healthy and require more medical care than does the population as a whole. Compared with the whole population, the aged have on the average twice as many chronic conditions causing one or more days of disability during the year, and more than twice as many restricting the person's activity in some way.

Persons 65 years and over report an average of 65 days per year in which, because of disabling conditions, they cannot carry on usual activities, while the total population reports an average of 24 such days. Hospital days are reported as averaging about two days per person for those over 65 while those under 65 average just less than one day per person.

Aged females have higher illness rates, but utilize hospitals to a lesser extent than do aged males. Home nursing care is provided for an average of 65 of every 1,000 elderly persons, while the rate is only five per 1,000 for persons under 65 years old.

The survey shows that 43 per cent of the over 65 population reported yearly family income of less than \$2,000. (Today's estimate is \$2,500 per couple and \$1,230 per individual.*)

The following summarizes pertinent economic information about California's aged population:

Today in California there are an estimated 1,217,000 persons 65 and over. Of this group, 60,000 (5 per cent) are in institutions (450 penal, 11,500 mental, 24,500 in homes for the needy, 23,700 in homes and hospitals for chronic ill, handicapped and other). Of the 1,157,000 remaining, 799,000 are recipients of OASI—266,000 are recipients of OAS—20,000 are recipients of county general relief—approximately 343,000 are employed, of these (1,157,000) 106,000 (9 per cent) are veterans and 373,000 (31 per cent) have some type of insurance.* (40,000 are now covered by C.P.S.)

On a national basis, in 1957, about three out of every eight persons aged 65 and over had some form of voluntary health insurance.² The development and availability of extended coverage—beyond em-

ployment years—by Blue Shield, Blue Cross and some commercial insurers, has contributed materially to this present prepayment coverage.

Although it is apparent that substantial progress has been made, nevertheless, the medical profession must continue to assist in the development of prepaid medical care insurance to aid those people who can afford to purchase it.

California can well expect a continuing increase, probably above national levels, of people in the over 65 age group. In 1953, this group comprised 8.3 per cent of the state population and received 15 per cent of the total of all physicians' services. By 1980 this percentage is expected to rise to 25 per cent or more.³

Data on private facilities for care of these people is difficult to tabulate, but some work on gathering it has been done.⁴ In addition, there are 646 licensed nursing homes supervised by the State Department of Public Health; 9,360 acceptable beds for the long term care of the chronically ill in 53 county institutions.⁵

The State Department of Social Welfare supervises family boarding homes and institutions for the physically and mentally normal aged. The State Department of Public Health is in charge of licensing nursing, convalescent and rest homes for the aged. Sanitaria, nursing and rest homes for the mentally ill are under the State Department of Mental Hygiene.

There is need for more information on the needs of this group of people and the facilities and resources for meeting them.

CONCLUSIONS

1. The C.M.A. should continue to join other organizations in identifying the medical care needs of the 65-plus group in California. C.M.A. should emphasize its belief that these needs can be met on a local level, without federal intervention.

2. There is need for more adequate and up-to-date information.

3. There is need for a continuing study program on the part of the C.M.A. and its component county medical societies.

4. The basic responsibility for meeting the problems of aging lies with the citizens of each community.⁶

5. For those not able to purchase their medical and hospital needs, other solutions have been available in this state since 1870. Our county and state hospital system has some of the finest physical facilities and equipment available anywhere. Approximately one-third of the hospital days for those 65 and over are provided in county hospitals. Adminis-

*C.P.S. Research.

tered on a local level, the county hospitals are most responsive to the needs of the communities they serve. This program is sound and continues to receive the endorsement of C.M.A.

RECOMMENDATIONS

This committee recommends:

1. That C.P.S. be authorized and directed to develop realistic prepayment programs for the aged in California and to report back to the Council. Such programs might contain the following essential features, provided such features are actuarially sound and feasible.

(a) Available to all persons 65 and over on a statewide basis.

(b) Itemizing the cost of professional services and hospitalization (if covered).

(c) Utilize the accepted Blue Shield principles with a realistic income ceiling and a related fee schedule.

(d) Utilize, if practical, a method of co-insurance appropriate for people with modest resources.

(e) Those county medical societies that are willing and able to, should be permitted to participate in this program by exercising local control by use of local claims processing as agents for C.P.S.

Should it be necessary for C.P.S. to request some type of financial guarantee against unusual losses in reference to this particular program, it should make a detailed analysis to the Council about such a proposal. If at all possible, however, such a program should be self-supporting on its own merits.

2. That C.P.S., as the California Blue Shield Plan, cooperate with the National Blue Shield Association program for the aged, to the extent permitted by California conditions.

3. That the C.M.A. urge expansion of extended medical insurance coverage to those reaching 65 who are retiring.

4. That the Council urge the Commission on Medical Services of the C.M.A. through its appropriate committees, to expedite the development of a continuing study in this field.

5. That the Council urge each component county medical society to establish a Committee on Medical Care of the Aged. Such a committee should determine the availability of all facilities and needs for care of the aged in its county. Where practical and

appropriate it should confer with representatives of all groups or organizations having factual information relating to the medical care needs of the aging.

6. That the C.M.A. promote and encourage the development of voluntary programs to meet established needs. These programs, we believe, can be as effective as any governmental program and cheaper in cost.

7. That the C.M.A. urge that the present concept of mandatory retirement at age 65 is medically unsound and should be abandoned. The mental health of the majority of persons who still provide for their families and assume community responsibilities as well as the economy of the nation is well served by permitting the employment of these people.

8. The Committee recognizes that the A.M.A. has recommended: "Greater use of Hill-Burton Construction Act Funds in building nursing homes and chronic disease units of general hospitals; extension of an FHA type loan to nonprofit and proprietary health facilities serving the aged." The need for more trained personnel, nursing aides, is also obvious. The committee urges development of training programs, in cooperation with the California Association of Nursing Homes, Sanitariums, Rest Homes and Homes for the Aged, Inc., and other interested groups to help alleviate this shortage.

9. That the C.M.A. cooperate with the California Association of Nursing Homes, Sanitariums, Rest Homes and Homes for the Aged, Inc., State Department of Public Health, State Department of Social Welfare, and State Department of Mental Hygiene, in developing ways to raise the standards under which nursing homes are operated.

Respectfully submitted,

T. ERIC REYNOLDS, M.D., *Chairman*

REFERENCES

1. California Health Survey, State Dept. of Public Health, 1954-55.
2. Voluntary Health Insurance Among the Aged, Health Information Foundation, Jan. 1959.
3. C.M.A. Committee on Aging Report, 1953.
4. Committee on Aging Report, 1956.
5. Bureau of Hospitals, State Department of Public Health, Jan. 1, 1959.
6. California: The State and Its Senior Citizens, Louis Kuplan, executive secretary, California Citizens Advisory Committee on Aging, Geriatrics, 13:808-814, Dec. 1958.